

COMPLETING THE “MEDICARE QUESTIONNAIRE”

Provide Name, Date of Birth and Medicare Number (from your red, white and blue Medicare Health Insurance card)

Section A

1.) Are you currently employed?

If you are a retiree, survivor or LTD participant and not currently working, answer “NO” and go to Section B.

2.) Do you have any group health plan coverage through your current employer?

If you are currently working but do not have any group health plan coverage through your employer, answer “NO” and go to Section B. If you are currently working and have health plan coverage based on that employment, complete the remainder of Section A.

Section B

1.) Is your family member currently employed?

Provide appropriate answer and, if the answer is “YES”, complete remaining information. If the answer is “NO”, go to Section C.

Section C

1.) Do you have any supplemental prescription drug coverage under your policy or another family member?

If the only coverage that you have is the state’s enhanced Medicare Part D coverage under the Advantage 65, Option I or Option II plan, the answer is “NO” and you may go to Section D. If you do have other drug coverage, answer “YES” and complete the remainder of Section C.

Section D

Answer questions one through three. If the answer to all three questions is “NO”, sign the form in the space indicated, provide your telephone number, and return the questionnaire in the enclosed envelope (to Medco at the Fort Worth, TX, address). If the answer to any of the three questions is “YES”, answer the questions in **Section E** that apply to you (questions 1 and/or 2 and/or 3 and/or 4), sign the form in the space indicated, provide your telephone number, and return the questionnaire in the enclosed envelope (to Medco at the Fort Worth, TX, address).